File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Reset Form

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Des Moines, Iowa 50319	CLPS 23 HB #Changes a servanture.	L 101 - 101			
Fax: 515-281-4073	DISCLOSURE	NS, SEE BACK OF FORIN SUMMARY PAGE		2009 F	EBII PM
COMMITTEE NAME (Must be				2007.	
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IMPORTANT: Indicate by # type or	Committee you are received for		.]]	DR-2	DISCLOSUR
(4)County Central Committee (5)	anding for Retention Candidate (State PAC (3)State Pary	1 97	Rev. 07/2007)	REPORT
Subdivision Candidate (8)County 11) Local Ballot Issue	PAC (8) City PAC (10) School B	pare (7)School Board or Other Politic Board or Other Political Subdivision PA	C (cr Office Use O	
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For Instructions, See Back of Form

CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

HALL BERG FOR SUPERVISOR

SCHEDULE A (Ren. 07/03)	MONETARY RECEIPTS
	ACTHIS BOX (F) (DING F OFM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTIES), LIST THE PAC IDENTIFICATION DISCLOSURE BOARD.

DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR: CAMPAIGN WAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTION	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUST RECEIVED	VIFFO FUND FAISE
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		TOTAL (if last page	of this scinadula. It	\$ 150.00	

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a combibution to the committee. Relationship must be shown to the third degree of consamplinity (blood relatives) and affinity (elletives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES - MONEY SPENT FROM COMMUTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEV/IDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE KNAW ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE 3; (Rev. 07/03)	MONETARY EXCENDITURES
	OKTHIS BOX (F NDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization) BERL FOR SUPERVISOR CANDIDATE NAME AND ADDRESS TO WHOM PURPOSE AMOUNT ID NUMBER DATE **EXPENDITURE** (DESCRIBE TRANSACTION) EXPENDED (if applicable) AND PAC EXPLINDED (Disbursement) WAS NADE: (MM/DD/YR) CHECK NUMBER ID# SUNGTROX WILLER MESS 11/4/08 FLICKS 807 Keeler St. Book In soist CK# 100 3 \$114.45 ID# Min Nurrename Campines Sives 11/5/08 803 S. Kennedy Hue CK# 1004 584.52 MADE IN IA ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowe Code 68A.402(3)(i).)

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YOTAL (if last page of this schedule)

FOR INSTRUCTIONS,	SEE BACK OF FORM	

		SCHEDULE	
COMM	ITTEE NAME (Must be same as on Statement of Organization)	D	INCURRED
<i>j_</i> 1	ALLER FOR COORSE P	1 1	INCESTEDNESS
	Debts previously reported that remain unpaid must be included on this		OK THE BOX
	Schedule, as well as any new obligations incurred in this period. Reset Form	FOR	

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services and ared or received, but not paid for by the end of the raparting paried, regardless of whether an invaice

DATE		has b	dess of whether am involce een received.
INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS CWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
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	TOTAL DEBTS OWED BY COMMITTEE AT TH	SU.3-TOTAL E END OF THIS REPORTING PERIOD	\$0.00 \$
lif actual figure is un	known, show "estimated" beside the figure.	Page	SC . of 1

CANDIDATE COMMITTEES NOTE:

Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expended of the consultant.

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COMMITTE	ENAME (Must be same as on Statement of Organia)	SCHEDULE E IN-KIND (Rev. 06/97) CONTRIBUTION CHECK THIS EXIC IF AMENDING FORM			
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESTRUCTION OF INKIND CONTRIBUTION	ESTIMATED FAIF! MARKET VALUE	V IF FOR
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*Disclosure law requires candidates to disclose the relationship of any relative making an in cind contribution to the committee. Relationship must be shown to the third degree of consarguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of (for Schedule E)

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TOTAL (If less)

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